



UNITED STATES ARMY HUMAN RESOURCES COMMAND

# Record of Emergency Data (DD Form 93, JAN 2008)

December 2008

# Purpose of DD Form 93

- For the Soldier to identify:
  - Primary and Secondary Next of Kin (PNOK, SNOK)
- Beneficiary(ies) of:
  - Death Gratuity (\$100K)
  - Unpaid Pay and Allowances
- Designates Person Authorized to Direct Disposition (PADD)

The only authorized version of the DD Form 93 is the one dated JAN 2008

# Updating the DD Form 93

- Active Duty Soldiers are responsible for reviewing and updating the Record of Emergency Data:
  - During out-processing for permanent change of station (PCS) and pre-separation processing
  - Upon arrival at new duty station
  - During any record audit
  - In conjunction with Soldiers Readiness Program (SRP)
  - Upon any change in Family member status (e.g., marriage, divorce, birth of child, death)

# Updating the DD Form 93 (Con't)

- Reserve Component (USAR and ARNG)

Soldiers will review the form:

- During in-processing to new troop program unit (TPU)
- In conjunction with a nationwide deployment or MOB readiness exercise
- Annually, in their birth month

## **SECTION 1**

# **Emergency Contact Information**

# Soldier's Personal Information

1. NAME <i>(Last, First, Middle Initial)</i>		2. SSN
3a. SERVICE/CIVILIAN CATEGORY <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR		b. REPORTING UNIT CODE/DUTY STATION

- **Blocks 1-3b.** Service Member Information



# Soldier's Next of Kin Information

<b>4a. SPOUSE NAME</b> <i>(If applicable) (Last, First, Middle Initial)</i>	<b>b. ADDRESS</b> <i>(Include ZIP Code)</i> <b>AND TELEPHONE NUMBER</b>
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	

- **Blocks 4a-b.** Spouse's Name, Address and Telephone Number

<b>5. CHILDREN</b>			
<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. RELATIONSHIP</b>	<b>c. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>	<b>d. ADDRESS</b> <i>(Include ZIP Code)</i> <b>AND TELEPHONE NUMBER</b>

- **Blocks 5a-d.** Child's Name, Relationship, Date of Birth, Address

# Soldier's Parent(s) Information

6a. FATHER NAME *(Last, First, Middle Initial)*

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 6a-b.** Father's Name, Address and Telephone Number

7a. MOTHER NAME *(Last, First, Middle Initial)*

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 7a-b.** Mother's Name, Address and Telephone Number



# Not To Be Notified

8a. DO NOT NOTIFY DUE TO ILL HEALTH

b. NOTIFY INSTEAD

- **Block 8a.** Do Not Notify Due To Ill Health
  - List relationship (e.g., “Mother”)
- **Block 8b.** Notify Instead
  - List relationship (e.g., “Father”)

# Others To Be Notified—Missing Status Only

9a. DESIGNATED PERSON(S) *(Military only)*

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER

- **Blocks 9a-b.** Designated Person(s), Address and Telephone Number

## **SECTION 2**

# **Benefits Related Information**

# Beneficiary(ies) for Death Gratuity

SECTION 2 - BENEFITS RELATED INFORMATION			
11a. BENEFICIARY(IES) FOR DEATH GRATUITY <i>(Military only)</i>	b. RELATIONSHIP	c. ADDRESS <i>(Include ZIP Code)</i> AND TELEPHONE NUMBER	d. PERCENTAGE

- **Blocks 11a-d. Beneficiary(ies) for Death Gratuity**
  - \$100,000 is paid to the eligible survivors of:
    - Deceased Active Duty Soldiers
    - Soldiers who die within 120 days of separation or retirement from active duty if the death is a result of a service connected injury or illness
  - Soldiers may designate up to ten persons to receive death gratuity in 10% increments
  - Army must notify spouse in writing when not in receipt of 100% of Death Gratuity

# Beneficiary(ies) for Death Gratuity (Con't)

- If no designation is made, order of precedence for payment is as follows:
  - Lawful spouse
  - Children
  - Parents(s)
  - Executor or Administrator of the estate, for distribution to the estate
  - To other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death

# Beneficiary(ies) for Unpaid Pay/Allowances

12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE

- **Blocks 12a-b.** Beneficiary(ies) for Unpaid Pay/Allowances
  - Soldier identifies person to receive unpaid pay and allowances at the time of death
  - Soldier may indicate anyone to receive this payment
  - If the Soldier designates two or more beneficiaries, state the percentage to be paid each in item 10c



# Beneficiary(ies) for Unpaid Pay/Allowances (Con't)

- If the Soldier does not wish to designate a beneficiary, enter “By Law”
- If no election is made, order of precedence is as follows:
  - Surviving spouse
  - Children and their descendants, by representation.
  - Father and mother in equal parts or, if either is dead, the survivor
  - Legal representative
  - Person entitled under the law of the domicile of the deceased Soldier

# Person Authorized to Direct Disposition (PADD)

13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)  
(Military only) NAME AND RELATIONSHIP

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

- **Blocks 13a-b.** Person Authorized to Direct Disposition (PADD)
  - PADD is the person authorized to make funeral/memorial arrangements
  - By law, the PADD must be either the spouse, a blood relative, or an adoptive relative; if none of the above exist, the Soldier can then name a person serving in loco parentis
  - Counseling is required when a Soldier makes a valid, but unusual, PADD designation

# Person Authorized to Direct Disposition (PADD) (Cont'd)

- If no election is made, order of precedence is as follows:
  - Spouse
  - Eldest Child over 18
  - Eldest/custodial parent
  - Eldest sibling
  - Eldest grandparent
  - Other blood relatives in order of seniority
  - Remarried surviving spouse
  - Other interested persons
  - Secretary of the Army

# Continuation/Remarks

14. CONTINUATION/REMARKS

- **Block 14. Continuation/Remarks**
  - Use this block for continuation of items
    - Prefix entry with the number of the item being continued (e.g. 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151)
  - Include additional information in this block such as:
    - Other persons to be notified
    - Name other dependents
    - NOK language barriers
    - Locations or existence of wills and private insurance
    - Directions to residence
    - Desired non-medical attendant and geographic preference for medical care
  - If additional space is required, attach a supplemental sheet of standard bond paper with information



# Signature of Service Member and Witness

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN <i>(Include rank, rate, or grade if applicable)</i>	16. SIGNATURE OF WITNESS <i>(Include rank, rate, or grade as appropriate)</i>	17. DATE SIGNED (YYYYMMDD)
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- **Block 15.** Signature of Service Member
- **Block 16.** Signature of Witness
- **Block 17.** Date Signed